X. 510 (k) Summary

SUBMITTER:

DePuy AcroMed[™], Inc. 325 Paramount Drive

Raynham, MA 02780

CONTACT PERSON:

Karen F. Jurczak

DATE PREPARED:

July 03, 2002

CLASSIFICATION NAME:

Appliance, Fixation, Spinal Interlaminal

Orthosis, Spinal Pedicle Fixation

PROPRIETARY NAME:

Summit OCT Spinal System

PREDICATE DEVICES:

Summit OCT Spinal System (K002733, K010681, K013222)

INTENDED USE:

When intended to promote fusion of the cervical spine and occipito-cervico-thoracic junction (occiput-T3), the Summit Occipito-Cervico-Thoracic (OCT) Spinal System is indicated for:

- ddd (neck pain of discogenic origin with degeneration of the disc as confirmed by patient history and radiographic studies)
- spondylolisthesis
- spinal stenosis
- fracture/dislocation
- · atlantoaxial fracture with instability
- occipitocervical dislocation
- revision of previous cervical spine surgery
- tumors

The occipital bone screws are limited to occipital fixation only.

The use of the minipolyaxial screws is limited to placement in the upper thoracic spine (T1-T3) in treating thoracic conditions only. They are not intended to be placed in the cervical spine.

The Songer Cable System to be used with the Summit OCT Spinal System allows for wire/cable attachment to the posterior cervical spine.

Summit OCT Spinal System

The Summit OCT System can also be linked to the ISOLA, TiMX, Monarch and MOSS Miami Systems using the dual wedding band and axial connectors, and via dual diameter rods.

MATERIALS:

Manufactured from ASTM F-136 implant grade titanium alloy.

DEVICE DESCRIPTION:

The Summit OCT Spinal System consists of plates, nuts, bone screws, rods, transverse rod connectors, cable connectors, dual wedding band and axial connectors, set screws, minipolyaxial screws and Songer Cables. For occipitocervicothoracic fusion, the transition rod is bent and cut to the appropriate length. The occipital plate is fixed to the occiput with bone screws and the transition rod is attached to the plate by a locking mechanism. This locking mechanism consists of a bolt and a washer which are free to rotate and translate along a slot in the occipital plates. The rod loads from the top and is fixed and locked into place with a mini outer nut. Sub-axially, cable connectors are fixed to the transition rod and attached to the spine via sublaminar cabling looped through the cable connectors. The end of the construct is stabilized with polyaxial screws and mini outer nuts to the upper thoracic spine, as required.

The Summit OCT System can also be linked to the ISOLA, TiMX, Monarch and MOSS Miami Systems using the dual wedding bands and axial connectors, and via dual diameter rods.

PERFORMANCE DATA:

Biomechanical testing, including static and dynamic cantilever beam testing and axial slip testing, were conducted.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

JUL 2 4 2002

Ms. Karen Jurczak Regulatory Affairs Associate DePuy AcroMed, Inc. 325 Paramount Drive Raynham, Massachusetts 02767

Re: K022190

Trade/Device Name: Summit Occipito-Cervico-Thoracic (OCT) Spinal System

Regulatory Number: 21 CFR 888.3070, 21 CFR 888.3050

Regulation Name: Pedicle screw spinal system, Spinal interlaminal fixation orthosis

Regulatory Class: II

Product Code: MNI, KWP

Dated: July 3, 2002 Received: July 5, 2002

Dear Ms. Jurczak:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

| III. | Indications for Use | | |
|---------------|---------------------|--------------------------|---|
| 510(k) | Number (if kno | own): KO22190 | _ |
| <u>Device</u> | Name: | Summit OCT Spinal System | |

Indications For Use:

When intended to promote fusion of the cervical spine and occipito-cervico-thoracic junction (occiput-T3), the Summit Occipito-Cervico-Thoracic (OCT) Spinal System is indicated for:

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|---------------------------------------|--|--------|
| Concurre | ence of CDRH, Office of Device Evaluation (ODE) | |
| Prescription Use:(Per 21 CFR 801.109) | OR Over-The-Counter Use: OR Over-The-Counter Use: ODivision Sign-On Privision of Caller Land Restorative | |
| DePuy AcroMed, Inc. Special 510(k) | and Nombogneal Devices 510(k) Nu KO22190 | Page 4 |